**COLLEGE NAME & DETAILS**

**Recommendation letter by Head of the Dept**

Date: \_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_

**CERTIFICATE**

This is to certify that Dr………………..(applicant name) is doing PG (MD) in Dermatology, Venereology & Leprosy in the Dept of DVL,…………………..(college name) at ……………….(place) from …………………..(Date of Joining).She/He is expected to complete her course by …………………….(year of completion).

This certificate is issued for the purpose of obtaining IADVL membership.

(HOD name)

HOD Signature with seal